

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037982

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 59

Primary Registration District No.

Registrar's No. 168

FILED OCT 16 1962

1. PLACE OF DEATH

a. COUNTY Cass

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Union TownshipLength of stay in 1b
17 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 5 miles south of BeltonInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cass

c. CITY OR TOWN Belton

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Route 2Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Bert

J.

Huggins

4. DATE OF DEATH

Month

Day

Year

10

8

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-9-1885

9. AGE (last birthday)

77

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Gen. Farming

11. BIRTHPLACE (City and state or country)

Stuart, Nebraska

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

H. Frank Huggins

13b. MOTHER'S MAIDEN NAME

Josephine Dalby

14. NAME OF HUSBAND OR WIFE

Mabel C. Huggins

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mabel C. Huggins, Route 2, Belton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CORONARY OCCLUSION, ACUTE

INTERVAL BETWEEN ONSET AND DEATH

30 Min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CORONARY ARTERIOSCLEROSIS

5+ Yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PULMONARY EMPHYSEMA, CHRONIC

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from FEB. 23, 1962 to OCT. 8, 1962 and last saw him alive on SEPT. 25, 1962

Death occurred at 6:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Herbert A. Tracy

M.D.

22b. ADDRESS

Belton, Mo.

22c. DATE SIGNED

10-8-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-10-62

23c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

23d. LOCATION (City, town, or county)

Greenwood, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

E. K. George & Sons, Inc., Belton, Mo.

25. DATE RECD. BY LOCAL REG.

10-10-62

26. REGISTRAR'S SIGNATURE

Ray J. Suber

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

OCT 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Stirling E. Edwards

Licensed Embalmer No.

4911

P. O. Address

Grandview Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.